

meet the requirements of §§ 456.521 through 456.523.

### **Subpart I—Inspections of Care in Intermediate Care Facilities and Institutions for Mental Diseases**

#### **§ 456.600 Purpose.**

This subpart prescribes requirements for periodic inspections of care and services intermediate care facilities (ICF's), and institutions for mental diseases (IMD's).

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]

#### **§ 456.601 Definitions.**

For purposes of this subpart—

*Facility* means an institution for mental diseases, or an intermediate care facility.

*Intermediate care facility* includes institutions for the mentally retarded or persons with related conditions but excludes religious nonmedical institutions as defined in § 440.170(b) of this chapter.

*Institution for mental diseases* includes a mental hospital, a psychiatric facility, and an intermediate care facility that primarily cares for mental patients.

*Psychiatric facility* includes a facility or program that provides inpatient psychiatric services for individuals under 21, as specified in § 441.151 of this chapter, but does not include psychiatric wards in acute care hospitals.

[44 FR 56337, Oct. 1, 1979, as amended at 61 FR 38399, July 24, 1996; 64 FR 67052, Nov. 30, 1999]

#### **§ 456.602 Inspection team.**

(a) A team, as described in this section and § 456.603 must periodically inspect the care and services provided to recipients in each facility.

(b) Each team conducting periodic inspections must have a least one member who is at physician or registered nurse and other appropriate health and social service personnel.

(c) For an IMD other than an ICF, each team must have a psychiatrist or physician knowledgeable about mental institutions and other appropriate mental health and social service personnel.

(d) For an ICF that primarily cares for mental patients, each team must have at least one member who knows the problems and needs of mentally retarded individuals.

(e) For an institution for the mentally retarded or persons with related conditions, each team must have at least one member who knows the problems and needs of mentally retarded individuals.

(f) For ICFs primarily serving individuals 65 years of age or older, each team must have at least one member who knows the problems and needs of those individuals.

(g) If there is no physician on the team, the Medicaid agency must insure that a physician is available to provide consultation to the team.

(h) If a team has one or more physicians, it must be supervised by a physician.

#### **§ 456.603 Financial interests and employment of team members.**

(a) Except as provided in paragraph (b) of this section—

(1) [Reserved]

(2) No member of a team that reviews care in an ICF may have a financial interest in or be employed by any ICF.

(b) A member of a team that reviews care in an IMD or an institution for the mentally retarded or persons with related conditions—

(1) May not have a financial interest in any institution of that same type but may have a financial interest in other facilities or institutions; and

(2) May not review care in an institution where he is employed but may review care in any other facility or institution.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]

#### **§ 456.604 Physician team member inspecting care of recipients.**

No physician member of a team may inspect the care of a recipient for whom he is the attending physician.

#### **§ 456.605 Number and location of teams.**

There must be a sufficient number of teams so located within the State that

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onsite inspections can be made at appropriate intervals in each facility caring for recipients.

### **§ 456.606 Frequency of inspections.**

The team and the agency must determine, based on the quality of care and services being provided in a facility and the condition of recipients in the facility, at what intervals inspections will be made. However, the team must inspect the care and services provided to each recipient in the facility at least annually.

### **§ 456.607 Notification before inspection.**

No facility may be notified of the time of inspection more than 48 hours before the scheduled arrival of the team.

### **§ 456.608 Personal contact with and observation of recipients and review of records.**

(a) For recipients under age 21 in psychiatric facilities and recipients in ICFs, other than those described in paragraph (b) of this section, the team's inspection must include—

(1) Personal contact with and observation of each recipient; and

(2) Review of each recipient's medical record.

(b) For recipients age 65 or older in IMDs, the team's inspection must include—

(1) Review of each recipient's medical record; and

(2) If the record does not contain complete reports of periodic assessments required by § 441.102 of this subchapter or, if such reports are inadequate, personal contact with and observation of each recipient

[43 FR 45266, Sept. 29, 1978, as amended at 44 FR 17940, Mar. 23, 1979; 61 FR 38399, July 24, 1996]

### **§ 456.609 Determinations by team.**

The team must determine in its inspection whether—

(a) The services available in the facility are adequate to—

(1) Meet the health needs of each recipient, and the rehabilitative and social needs of each recipient in an ICF; and

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(2) Promote his maximum physical, mental, and psychosocial functioning.

(b) It is necessary and desirable for the recipient to remain in the facility;

(c) It is feasible to meet the recipient's health needs and, in an ICF, the recipient's rehabilitative needs, through alternative institutional or noninstitutional services; and

(d) Each recipient under age 21 in a psychiatric facility and each recipient in an institution for the mentally retarded or persons with related conditions is receiving active treatment as defined in § 441.154 of this subchapter.

### **§ 456.610 Basis for determinations.**

In making the determinations on adequacy of services and related matters under § 456.609 for each recipient, the team may consider such items as whether—

(a) The medical evaluation, any required social and psychological evaluations, and the plan of care are complete and current; the plan of care and, where required, the plan of rehabilitation are followed; and all ordered services, including dietary orders, are provided and properly recorded;

(b) The attending physician reviews prescribed medications—

(1) At least every 30 days in psychiatric facilities, and mental hospitals; and

(2) At least quarterly in ICFs;

(c) Tests or observations of each recipient indicated by his medication regimen are made at appropriate times and properly recorded;

(d) Physician, nurse, and other professional progress notes are made as required and appear to be consistent with the observed condition of the recipient;

(e) The recipient receives adequate services, based on such observations as—

(1) Cleanliness;

(2) Absence of bedsores;

(3) Absence of signs of malnutrition or dehydration; and

(4) Apparent maintenance of maximum physical, mental, and psychosocial function;

(f) In an ICF, the recipient receives adequate rehabilitative services, as evidenced by—

(1) A planned program of activities to prevent regression; and